

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047461

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 488

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Jefferson CityLength of stay in 1b
one weekc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Charles E. Still HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cole

c. CITY OR TOWN Jefferson City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
712 MadisonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First August Middle Ernest Last Fischer

4. DATE OF DEATH
Month December Day 22 Year 19635. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9-5-19109. AGE (last birthday)
5310. IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Electrical Contractor10b. KIND OF BUSINESS OR INDUSTRY
Electrical Business11. BIRTHPLACE (City and state or country)
Jefferson City, Mo.12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

William Ernest Fischer

13b. MOTHER'S MAIDEN NAME

Biankea Margretha Erhardt

14. NAME OF HUSBAND OR WIFE

Mabel Pauline Linhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Mabel Fischer, Jefferson City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Stenosis

INTERVAL BETWEEN
ONSET AND DEATHConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

acute Ventricular Fibrillation

DUE TO (c)

Coronary occlusion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal
disease condition given in PART I (a))PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. Month, Day, Year p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Dec 6-63 to Dec 22-63 and last saw him alive on Dec 22-63
Death occurred at 7:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Eugene E. Kelsch

22b. ADDRESS

Jefferson City, Mo.

22c. DATE SIGNED

Dec 23-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-24-1963

23c. NAME OF CEMETERY OR CREMATORY

Riverview Cemetery

23d. LOCATION (City, town, or county)

Jefferson City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Tanner Funeral Home, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

23 December 1963

26. REGISTRAR'S SIGNATURE

Thorne J. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0269

20269

3 2

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12 1-2

13 30

JAN 2 1964

JAN 17 1964

JAN 3 1964

JAN 22 1964
JAN 17 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Amos G. Stewart

Licensed Embalmer No. _____

4411

P. O. Address _____

Belle me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.